


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90111 017 ****70.00

DOCUMENT # N25099 1. Entity Name CHILDRENS HOME COMMUNITY CENTER, INC.					
Principal Place of Business 5018 HWY 2 LAUREL HILL, FL 32567			Mailing Address P.O. BOX 188 LAUREL HILL, FL 32567 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 5136 County Hwy 2 Suite, Apt. #, etc.			
City & State Zip		City & State Laurel Hill, FL Zip 32567		4. FEI Number 59-2967288	
Country		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILLIS, WANDA 9008 HWY 85 N LAUREL HILL, FL 32567			7. Name and Address of New Registered Agent Name Willis, WANDA Street Address (P.O. Box Number is Not Acceptable) 5136 County Hwy 2 Laurel Hill, FL 32567 City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE PRESIDENT- Wanda Willis Wanda Willis 2/1/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILLIS, WANDA P.O. BOX 188-9008 HWY 85 LAUREL HILL, FL 32567	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT Willis, WANDA 5136 County Hwy 2 Laurel Hill, FL 32567
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS VAN CLEVE, MELISSA 6835 LONG RD LAUREL HILL, FL 32567	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CARNLEY, MAE 5136 COUNTY HWY 2 LAUREL HILL, FL 32567	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY/TREASURER CARNLEY, MAE 5136 County Hwy 2 Laurel Hill, FL 32567
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BIRKA, TOM 6968 COUNTY HWY 147 LAUREL HILL, FL 32567	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAN CLEVE, MELLISA 6835 LONG RD LAUREL HILL, FL 32567	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOYER, ED 2787 HUCKARA RD LAUREL HILL, FL 32567	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: Wanda Willis, Wanda Willis, Pres. 2/1/07 850-424-6727 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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